MEMORANDUM FOR:SURGEON GENERAL OF THE ARMY
SURGEON GENERAL OF THE NAVY
SURGEON GENERAL OF THE AIR FORCE

SUBJECT: Policy for Standardized Appointment Types

This memorandum establishes the policy for standardization of appointment types throughout the Military Health System (MHS). The attachment describes the methodology to be used for standardization. The methodology was developed over the past six-months by the Appointment Standardization Integrated Program Team (ASIPT).   The purposes for standardizing appointment types and other associated data elements are to improve beneficiary customer service, simplify the appointing and referral process, and provide better data for management decisions.

The Appointment Standardization Integrated Program Team (ASIPT), comprised of Service Surgeons General Office, TRICARE Lead Agent, and Managed Care Support Contractor representatives was established to develop a methodology and implementation plan for standardizing the appointment types and other data elements within the Military Health System (MHS) Composite Health Care System (CHCS). The ASIPT was also charged with the responsibility for establishing MHS appointment processing business rules. The details were accomplished through a Working Integrated Program Team subset of the ASIPT with the goal being to develop a methodology that would ensure a process that matches the *Right Patient* to the *Right provider* at the *Right place* and at the *Right time.*

The functional requirements for system changes to implement the standardized appointment types have been submitted to Functional Integration and Data Administration. Once the system changes have been accomplished, the schedule and timeline for MTFs to implement appointment type standardization will be published in forthcoming guidance.   **The target date for beginning implementation is October 2000 with a twelve month period expected for completing the conversion of all MTFs to the standardized appointment types.**

My point of contact is Lieutenant Colonel Michael Montgomery, (703) 681-1740, or michael.montgomery@tma.osd.mil.

Dr. Sue Bailey

Attachment:
As Stated

TRICARE Management Activity
Appointment Type Standardization

This document represents the methodology for standardization of the clinical appointment data field names for use throughout the Military Health System. This product evolved from the DoD-wide standardization effort of the Composite Health Care System (CHCS) data value names for appointment types, clinic names, and other data values as necessary to support standardized business practices in the clinical appointments process.

Requirements of the Process

Right Patient	Right Provider	Right Place	Right Time
Enrollment status Age Sex Time requirement (and access standard) Location Clinical need	Provider linked to right location Information Technology (IT) requirement	Place linked to right clinical services IT requirement	Provider defining availability (templating) Management Responsibility

Assumptions

⊕ The appointment system will not be developed as a tool for workload or workforce accounting.	⊕ One of the goals of the appointing process is to maximize MTF utilization.
⊕ Appointment names are standardized.	⊕ One telephone number will function as the point of access for appointing and referrals.
⊕ Clinic names are standardized.	⊕ The appointing system is demand focused, not supply focused, and will strive to match supply to demand.
⊕ Patient status codes and the prioritization of patients is standardized.	⊕ Leadership supports standardization and the efforts to operationalize the standardization.
⊕ Military Treatment Facility (MTF) and Managed Care Support Contractors (MCSCs) share the ability to appoint.	⊕ The patient is properly enrolled.
⊕ MTFs reserve the right to "book by MTF only" when necessary.	⊕ The patient will be seen at the appropriate level of care.
⊕ Triage occurs before appointing.	

Appointment Process Usage

- Differentiate visit type.
- Assign the authority to arrange visits.
- Differentiate time expectations.
- Differentiate visit duration.
- Identify procedures.
- Match patient to provider skill.
- Match patient needs to resources.
- Allow for performance measurement.
- Demonstrate effectiveness, efficiency, and customer satisfaction.

Data Elements Requiring Standardization

Existing Field	Existing Field	Existing Field	**New Field**	**New Field**	**Modified Field**	**New Field**
1 Appointment Types	2 Location (Clinic Names)	3 Booking Authority	4 Beneficiary Priority	5 Age Delineation	6 Time (appt time & duration)	7 Appointment Detail Field

The Nine MHS Standard Appointment Types

- PCM   initial primary care only
- SPEC   initial specialty care only
- ACUT   acute
- NPRB   new problem—primary
- WELL   wellness, health promotion
- PROC   procedure with designated time allotment
- EST   established patient (follow-up/routine) with designated time allotment
- TCON   [not an appointment type] telephone consult
- GRP   group/class

Standard Location (Clinic Names)

- Each MTF will have the option to use as many or as few of the names as necessary. (Note: The standard location table is under development)

- Providers will use CLN orders, CON orders, and the Electronic Consult System (ECS) to facilitate the assignment of the right provider or clinic.

Booking Authority

- The dollar ($) sign will be used as the first character in the appointment type field (short term).

- Eventually, the MTF and the MCSC will have a partnership that provides all parties with the availability to book all appointments.

Beneficiary Priority

All MTFs will prioritize booking by enrollment status as follows (IAW <u>Policy Memorandum to Refine Policy for Priority use of Medical Treatment Facilities by TRICARE Prime Enrollees,</u> Mar 18, 1997):

1. Active duty
2. Active duty family member Prime
3. Retirees and their family members Prime
4. Active duty family members non-Prime
5. Retirees and their family members non-Prime

Additional Beneficiary Priority Categories are as follows:
- NAD   No active duty (NAD)
- NADP   No active duty, no Prime (NADP)

MHS Enterprise Appointment and Referral Business Rules

    a.   The order of precedence for appointments (non Specialized Treatment Service [STS]) search for location of appointment is:

For Prime patients seeking primary care:	For Non-Prime Patients seeking primary care:
1. PCM – physician based 2. PCM – MTF based 3. Next available MTF within access standards 4. Network physician within access standards 5. Non-network physician within access standards	1. PCM—civilian or MTF 2. Next available MTF within access standards 3. Network physician within access standards 4. Non-network physician within access standards
For Prime patients seeking specialty care: 1. MTF based physician or clinic requested by PCM 2. Next available MTF (based physician) within access standards 3. Network physician within access standards 4. Non-network physician within access standards	For Non-Prime patients seeking specialty care: 1. Closest MTF within access standards 2. Next available MTF within access standards 3. Network physician within access standards 4. Non-network physician within access standards

b. Specialty Care & Referral Process

    1) All prime patients seeking specialty care will have a referral from their PCM except in the case of a medical emergency.
    2) All referral requests will be electronic via CHCS (or other approved system).

c. Patient's Rights

    1) The patient may elect to use the Point of Service Option.
    2) Beneficiaries may waive the distance access standard for specialty care.
    3) The patient's refusals and waivers will be documented electronically in CHCS (or other approved system).

d. Booking

    1) Clinic appointment templates, other than acute, will be open for booking at least 30 days ahead at all times.
    2) Basic CHCS Patient Demographic information, at a minimum, name, address, and telephone number will be updated at the time of appointment booking.
    3) Delinquent appointments will be resolved by CHCS end-of-day processing daily.
    4) Appointment booking will be prioritized by enrollment status IAW HA Policy Memoranda 96-053 and 97-041 in the following order:

- Active duty
- Active duty family members enrolled in TRICARE Prime
- Retirees and their family members enrolled in TRICARE Prime
- Active duty family members not enrolled in TRICARE Prime
- Retirees and their family members not enrolled in TRICARE Prime
- Patients booked through Resource Sharing agreements

e. Associated Appointment Process Business Rules

    1) MCSC and MTF (government) appointment clerks will be able to view all available appointments in CHCS or other approved system.
    2) One telephone number will function as the beneficiaries' point of access for all appointing and referral needs. The beneficiary's call will be appropriately routed to the right telephone extension if the first point of contact is unable to serve the beneficiary's health care information or appointment needs. The routing will occur without requiring the patient to make an additional telephone call.
    3) The appointing process will work under the assumption of "PCM by Name" enrollment where applicable.

Associated CHCS (or other approved system) Requirements

Scheduling

- Scheduling supervisors will be able to assign a beneficiary priority to each appointment slot on a provider schedule.

- Valid entries will be those in a common file having the same controls as the provider specialty file.

- These entries will be four alphanumeric characters.

⏲ Patient Appointing and Scheduling (PAS) users will be able to search for appointment slots based on beneficiary priority field.

⏲ The numbers one through five (1 – 5) will be used to designate which beneficiary the appointment allows.

⏲ NAD and NADP are for resource sharing agreements

⏲ The patient has access to the appointments with their appropriate numbered priority and all others with a greater number than their own.

⏲ The clinic has the responsibility to define access on a continuous basis (how many appointments are designated by which enrollment status).

⏲ Each MTF has the ability to designate when the appointment will be released (available to be filled by beneficiaries at any priority).

Age Delineation

⏲ Scheduling supervisors will be able to assign age restriction to each appointment slot on a provider schedule

⏲ Valid entries will be those in a common file similar to the appointment type file.

⏲ These entries will have >, <, or < x > ranges.

⏲ PAS users will be able to search for appointment slots based on age restrictions.

Time

⏲ Providers are able to define the amount of time required (duration) per appointment or procedure.

Appointment Detail Field

⏲ The Appointment Detail Field is permanent and searchable.

⏲ Scheduling supervisors will be able to assign an appointment detail tag to each appointment slot on a provider schedule.

⏲ Valid entries will be those in a common file having the same controls as the appointment type file.

⏲ These entries will be up to ten (10) characters in length.

⏲ PAS users will be able to search for appointment slots based on appointment detail entries.

The following is a list of the codes for the Appointment Detail Field:

Code	Description
+PPD	Positive Purified Protein Derivative (PPD) or other tuberculosis test evals
>BF	Patients exceeding body fat standards
ADHD	Attention Deficit and Hyperactivity Disorder or Attention Deficit Disorder
Anger	Anger management education - no PCM referral required
Asthma	Asthma evaluation or education appointments
BCP	Birth Control (including Depo-Provera Rx) appointment only
BEPC	Birth and Early Parenting Class
BFC	Breast Feeding Class
BK	Back patients only
BTL	Bilateral tubal ligation patient or female sterilization patient only
Chol	Cholesterol patients only
Circ	Circumcision
CNM	Certified Nurse Midwife
Colpo	Colposcopy patient only – abnormal pap required
Db	Diabetes patients only
DSGCH	Dressing/bandage change
E&I	Female Endocrine and Infertility patients only
EFMP	Exceptional Family Member Program paperwork appointment
EyeDz	Eye disease only, not routine eye exams for glasses or contacts
FEM	Female provider
FlexS	Flexible Sigmoidoscopy
Flt	Flight Physical Exam
FLTSURG	Provider is a flight surgeon
GDb	Gestational Diabetes patients only
Head	Headache education only
HTN	Hypertension patients only
IDC	Provider is an Independent Duty Corpsman
IUD	Removal or possible placement of an IUD
MC	Medicare eligible only
MEB	Evaluation Board Physical Exam
NoPaP	Gynecology appointments only, not Paps
NOR	Removal or possible placement of Norplant
NP	Nurse Practitioner
NPCL	New Prenatal Class
NST	Non-Stress Test (fetal monitoring during pregnancy)
Nutr	Nutrition education and general health education – no PCM referral required
OB	Pregnancy or obstetrics patient only
OSS	Overseas Screening
PA	Provider is a Physician's Assistant
PAP	Pap Smear patients
PDS	Pathfinding/Drill Sergeant test
PE	Physical Exam
PFT	Pulmonary Function Tests/Spirometry
PP	Post-Partum patient only
PRT	Physical Readiness Test Screens
PVR	Post-Void Residual
RET	Retinal Screening
RN	Provider is a Nurse
Sch	School physical
Scoli	Scoliosis patient only
SDS	Sea Duty Screening

Shot	Shot only
SPE	Separation or retirement physical exam
Stress	Stress management education program – no PCM referral required
Tech	Provider is a technician
TobCes	Tobacco Cessation includes nicotine replacement therapy – no PCM referral required
UroGyn	Urology or Gynecology patients only
Vas	Vasectomy
Vert	Vertigo patients only
WB	Well-Baby patient

* The system will allow the MTF to add up to ten (10) additional site specific codes if deemed necessary

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Due Date:

October 26, 1999

MEMORANDUM FOR ASSISTANT SECRETARY OF DEFENSE (HEALTH AFFAIRS)

THROUGH: Executive Director, TRICARE Management Activity

FROM: Lieutenant Colonel Michael Montgomery, TMA/MHSO/HSOS
              (703) 681-1740 Ext. 5629

SUBJECT: Policy for Standardized Appointment Types

DISCUSSION: This memorandum establishes the policy for standardization of appointment types throughout the Military Health System (MHS). The attachment describes the methodology to be used for standardization. The methodology was developed over the past six-months by the Appointment Standardization Integrated Program Team (ASIPT) consisting of designated representatives from each Service's Surgeon General offices and the TRICARE Lead Agents. The purposes for standardizing appointment types and other associated data elements are to improve beneficiary customer service, simplify the appointing and referral process, and provide better data for management decisions.

RECOMMENDATION: That the ASD(HA) sign the memorandum

WWW RELEASE: TMA Director Approval: YES / NO

COORDINATION:

Dir (HSOS)	_____	DASD(P&EA)	_____
DepCOO(MHSO)	_____	XO	_____
COO(TMA/MHSO)	_____	PDASD(HA)	_____
Dir(HPA&E)	_____		
Dir(IMT&R)	_____		
DepExecDir(TMA)	_____		

ASD(HA) DECISION: (include on decision papers)

APPROVED   _____

DISAPPROVED   _____

OTHER   _____